



# Political Action Committee STATEMENT OF ORGANIZATION

(Utah Code Section 20A-11-801)

## Information about the PAC

|   |                                     |                        |             |              |
|---|-------------------------------------|------------------------|-------------|--------------|
| Name of PAC<br>Utah Ophthalmology Society | Also known as                       |                        |             |              |
| Street Address<br>310 East 4500 South     | Suite/Apartment/PO Box<br>Suite 500 | City<br>Salt Lake City | State<br>UT | Zip<br>84107 |

## Information about the Primary Officers

|   |                        |                        |             |              |
|---|------------------------|------------------------|-------------|--------------|
| Name of PAC Primary Officer1<br>Robert Smith MD | Title<br>Physician     |                        |             |              |
| Telephone Number<br>(801)965-3786               | Email                  | Occupation<br>?        |             |              |
| Street Address<br>3725 W 4100 S                 | Suite/Apartment/PO Box | City<br>Salt Lake City | State<br>UT | Zip<br>84120 |

|   |                        |                 |             |              |
|---|------------------------|-----------------|-------------|--------------|
| Name of PAC Primary Officer2<br>Thomas Myers MD | Title<br>Physician     |                 |             |              |
| Telephone Number<br>(801)224-3565               | Email                  | Occupation<br>? |             |              |
| Street Address<br>280 W River Park Drive        | Suite/Apartment/PO Box | City<br>Provo   | State<br>UT | Zip<br>84604 |

## Information about Chief Financial Officer or Treasurer

|  |                               |                         |             |              |
|--|-------------------------------|-------------------------|-------------|--------------|
| Name of the PAC Chief Financial Officer or Treasurer<br>Albert Ungricht MD | Title<br>Physician            |                         |             |              |
| Street Address<br>5770 S. 250 E.   | Suite/Apartment/PO Box<br>410 | City<br>Salt Lake City  | State<br>UT | Zip<br>84107 |
| Telephone Number<br>(000)000-0000  | Email                         | Occupation<br>Physician |             |              |
| Business Address<br>310 E 4500 S   | Suite/Apartment/PO Box<br>500 | City<br>Salt Lake City  | State<br>UT | Zip<br>84107 |